

AROGA GASTROINTESTINAL LIFESTYLE

DR. SARAH ROBBINS, MD, MSC, FRCPC & ASSOCIATES

"Management of gastrointestinal disease through intensive lifestyle modification."

GASTROINTESTINAL LIFESTYLE MEDICINE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> GERD | <input type="checkbox"/> Celiac Disease |
| <input type="checkbox"/> Chronic Constipation | <input type="checkbox"/> Nutrition in Inflammatory Bowel Disease
(must have primary GI) | <input type="checkbox"/> Diverticular Disease |

The Aroga Gastroenterology program provides an MSP-covered, holistic approach to management of lifestyle-linked chronic disease. We can provide medical management when necessary but focus on specific, intensive-yet-sustainable lifestyle interventions to bring disease under control and ultimately provide patients with the tools necessary to take charge of their own bodies. The clinic combines our specialized medical expertise with in-house access to specially trained Registered Dietitians and other allied health professionals in a team-based approach to optimize outcomes.

Dr. Robbins **does not perform endoscopy or accept general gastroenterology referrals.**
Please redirect these referrals to the local gastroenterologist or endoscopist of your choice.

Eligible participants, age 18 and over, should have a confirmed diagnosis and be seeking counseling in nutrition and lifestyle modification for gastrointestinal disease management. Patients seeking further investigation for symptoms or those with uninvestigated symptoms should be referred elsewhere.

All Referrals should be non-urgent in nature (>3 weeks)

PATIENT REFERRAL (All fields are required)

NAME <input type="checkbox"/> M <input type="checkbox"/> F	
PHN	DATE OF BIRTH
TELEPHONE	CELL PHONE
ADDRESS	EMAIL
DIAGNOSIS	
REFERRING MD	MSP ID #

MD Signature _____

Please complete all sections and provide and append as much pertinent data as possible. Eg: Lab Reports, Consultant Reports, Imaging Reports, etc. All consult notes will be sent to your office via fax after each patient visit.

PLEASE SEND ALL REFERRALS TO THE CENTRAL FAX/PHONE LINE: 855-404-4017